

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09782538 FILING DATE 02-12-01

APPLICANT(S) Socf + B. Stahl

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	21	2					TOTAL DEP.					
TOTAL CLAIMS	23						TOTAL CLAIMS					